20-16 - 12 - 06 - 08 - 00-12-1002

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

.2016 DEC -6 PM 12: 09

				Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	g, type	2FE4M5		
I AM DYSLEXA LIC						
ADDRESS (number and street) 1438 COSETTE WAY N						
Check if different than previously			1			
reported. (ACC)	AN ANUMBER V		M LLL STAR		3181-11919 ZIP CODE ▲	
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP COI						
	A 1 (2)	IS THIS N REPORT (N	EW N) OR	AMENDED (A)		
4. TYPE OF REPORT (Choose One)	T (b) Monthly Fe Report I Due On:	t	lay 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)	
(a) Quarterly Reports:	Ŭ Ma		un 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
April 15 Quarterly Rep	port (Q1)		ul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
July 15 Quarterly Rep	port (Q2) C) 12-Day PRE-Election	Primary (12P)		General (12G)	Runoff (12R)	
October 15 Quarterly Rep	Report for the: port (Q3)	Convention (1		Special (12S)		
January 31 Year-End Rep	port (YE) Elect	ion on			in the State of	
July 31 Mid-Y Report (Non-Year Only) (M	POST-Election Report for the:	General (30G		Runoff (30R)	Special (30S)	
Termination F (TER)	Report	ion on	/ C	****	in the State of	
5. Covering Period through through						
I certify that I have examin	ned this Report and to the best of	of my knowledge and b	elief it is true, c	orrect and complet	te.	
Type or Print Name of Tre	asurer A A A A	her so				
Signature of Treasurer Date Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109						
Office Use Only					FORM 3X ev. 05/2016	